Exhibit A ComEd

Commonwealth Edison Company P.O. Box 805379 Chicago, IL 60680-5379 www.exeloncorp.com

An Exelon Company

March 16, 2006

Joe Abuzir 10700 S. Washington Street, Unit 203 Oak Lawn, IL 60453

Re: Claim No. GCED2005135790

Dear Mr. Abuzir:

In response to your inquiry following the service disconnection, please be advised that we have carefully reviewed the relevant facts surrounding your complaint. Our investigation revealed that at the time of your service disconnected you had a balance due. We made every attempt to notify you that your service was in jeopardy. When payments are made at non-ComEd facilities, you bear the responsibility for making sure the entire payment due is properly posted to your account **prior** to your disconnection date. Your service was restored by ComEd on 10/14/2005. We verified your restoration on 10/17/05. Apparently, your customer owned breaker was off.

Based upon our investigation, we have reached the conclusion that the service disconnection was justified and the resulting damage did not arise out of any negligence on the part of Commonwealth Edison Company. Accordingly, we must respectfully deny your claim.

We appreciate the opportunity to evaluate your claim, and apologize for any inconvenience you may have experienced.

Sincerely,

Karen Whirity Regional Claims Adjuster

(630) 576-6335

For Commission Use Only:	
Case:	;
rass:	

FORMAL COMPLAINT

Ulinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

Regarding a complaint by (Person making the complaint):	
Against (Utility name): Commonwealth Edison Company	
As to (Reason for complaint) Failure Com Ed to restore the electric s	service between
October 14, 05 and October 18,05 despite payment	on the account
and several telephone Calls to restore the service caused a loss of \$2 in Oak Lawn Minois.	ervice. ComEd 2,500 in spoiled food.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 10700 S. Washington St., Unit	203, Oak Lawn, TI 6045
The service address that I am complaining about is As AsAs	
My home telephone is [708] 692-7800	•
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [:708] 492 - 7800	
(Full name of utility company) Commonwealth Edison Company (responde to the provisions of the Illinois Public Utilities Act.	ent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility teriffs that you think is involved wi	th your complaint.
83-IL. Adm. Part 280 50(a), 280.70(a)	
Heve you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	X Yes No
Has your complaint filed with that office been closed?	⊠ Yes □ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
On October 14, 2005, ComEd Shut- Off my electric service. On the
same day October 14, 2005, a payment to restore the service was
issued to Com Ed I called Com Ed and I was told that the
Service will be restored on October 15, 2005 but the service was
not restored until October 18, 2005. During the period between October 14 and 18, 2005 I lost all the food I had because it was spoiled. My losses were estimated about \$2,500. Please clearly state what you want the Commission to do in this case: Payment in the amount of \$2,500 for my losses caused by Com Ed negligance.
Date: May 19, 2006 Complainant's Signature Joe Aburgin (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number. Fadi Zana yed 10344 S. Harlem Ave., Palos Hills, IL 60465 Tele Phone: (108) 741—4040 You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
l, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
(Signature) Subscribed and sworn/affirmed to before me on (month, day, year)
Notary Public, Illinois
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.
(m207/07



ComEd Copy

Please Print Legibly

An Exelon Company

Commonwealth Edison Company Claims Department P.O. Box 805379 Chicago, IL 60680-5379

(Use an additional piece of paper if more space is

Claim Form

1-800-Edison-1 1-800-334-7661

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Daytime Phone Number (See 952 628 Home Phone Number	Name Name 10900 5- Washington St. U. Address Oaklaun Illinois 60453	nit-215
Mana of Gantage Berney	i Oak Laun Tillingis Gatts & City State Zip Of Ga	
ComEd Account Number		
Comed Account Number	Social Security Number (Optional)	
•		

shut-off on October 14, 2005 What happened? Electric Service arrangement on the Comed alleged that Commonwealth Edison Company Switch Gyment THIS FORM IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE ANY ADMISSION OF LIABILTY ON is liable P.O. Box 805379 THE PART OF COMMONWEALTH EDISON COMPANY. Chicago, IL 60680-5379 Return completed claim form and documentation to: be couse of its part, not the healigans Of my Food List of Damages

payment was made immediately

Attach supporting bocumentation. If your claim is for repair to a vehicle, your documentation should include copies of estimates from two repair shops on their printed invoice or estimating form; we reserve the right to request an independent estimate. If any claim is for food spoilage, your documentation should include an itemized list of spoiled items shown with the price of each and the total for all items, and copies of receipts or canceled checks, if any. If your claim is for equipment or property repair, your documentation should include copies of bills paid to have the property repaired, or in the event that you choose not to have the property repaired, a copy of a written estimate of the cost that would have been incurred if the property had been repaired. If an item is not repairable, you should state that information and your documentation should include proof that a total loss of the property resulted. If your claim is for damage from a power interruption, power surge, or other fluctuation, your documentation should include proof that the damage resulted from such power interruption, power surge, or other fluctuation.

Item	Make/Model	Age Date Purchased	Purchase Price	Repair or Replacement Cost	Serial No.
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		The above informa knowledge.			best of my
		Signature State (Units of Local (Government On	Date	i de la companya de
File Number	Claim Number	For Office Use Only. Adjuster		Region	

Joe Abuzir, Com Ed Account # 136140 9011

t and differently was well are to see the distribution and produced and produced and produced as a second and the second and t	Itemized List of Spoiled Food and Estimated Cost of the Spoiled Items Listed Below:
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18 to 1 0 000 500 1 0 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1 000 1	Lamb Chops, Ground Lamb, \$ 600
galagaan liifa iyaas — malijii il maaa laagaa si malagaa ka saabayaa s	Leg of Lamb, 2 Lamb Shiskabob
esa se sui en agragaria 2 deagrag	Steaks, Prime Rib of Beef, \$700
the second to the subdivious consideration and the second	Hamburger Meat, Beef Stew
	Chicken tighs, legs, drumsticks & 400
and the second and th	Boasting Chicken, Chicken Kabob
5	Frozen Food: Pizza, Vegetubles, & 300
	Ice cream, Yogurt, Dinners
6.	Diary Products: Milk, Cheese, \$ 200
	Eggs, Cream, Yogurt
.	Prepared Meals '\$100
8.	Micellan yous Items: Salad 's 200
and the second s	Dressings, Pickles, Jelly.
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and the state of the second of the second	the best of my knowledge.
ne von mit men der det dem bevon in Neuer von Ammegnetig "	Signature 1. 00 +
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	February 16, 2006
Application of the contract of the second of the contract of t	